

FINANCIAL AFFIDAVIT

CJA 23

Rev. 5/98

IN SUPPORT OF REQUEST FOR ATTORNEY FEE OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN THE CASE OF USA v.s. Bowie II

FOR

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

- 1 Defendant—Adult
2 Defendant - Juvenile
3 Appellant
4 Probation Violator
5 Parole Violator
6 ☐ Habeas Petitioner
7 ☐ 2255 Petitioner
8 ☐ Material Witness
9 ☐ Other

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →) ☒ Felony
☐ Misdemeanor

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOY- MENT	Are you now <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed
	Name and address of employer: _____
ASSETS	IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment _____ How much did you earn per month? \$ <u>2000</u>
	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
OTHER INCOME	RECEIVED IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____
CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ DESCRIBE IT VALUE DESCRIPTION

DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents _____	List persons you actually support and your relationship to them	
OBLIGATIONS & DEBTS	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	Creditors	Total Debt	Monthly Paymt.
	APARTMENT OR HOME: <u>1717</u>		\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)Shawn Bowie